DEPARTMENT OF HOMELAND SECURITY

UNITED STATES CUSTOMS AND BORDER PROTECTION PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number:	Court Case Number: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Service		
SERVE AT: (Name of Individual, Company, Corporation, etc. to b Bik Yuk Wong, 1881 Central Avenue,			City,State and Zip Code):
Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207		Number of Processes to be	e Served
		Number of Parties to Served	
		Check box if service is on US	A
Special Instructions or Other Information that will assist in expediting s Service: Please serve the following: A certified copy of and Forfeiture			
Please serve the following: A certified copy of and Forfeiture Signature of Attorney or other Originator requesting service on behalf of the service of the	f the Preliminary Order of: (X)Plaintiff () Defendant		
Please serve the following: A certified copy of and Forfeiture Signature of Attorney or other Originator requesting service on behalf of Thomas A. Canezz	f the Preliminary Order of: (X)Plaintiff () Defendant ca, AUSA	of Forfeiture and the Not Telephone No. 518-431-0247	Date
Please serve the following: A certified copy of and Forfeiture Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezz Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DE Contact of Origin No. District to Service on behalf of District of Origin No. District to Service on behalf of District of Origin No. District to Service on behalf of District of Origin No. District to Service on behalf of District of Origin No. District to Service on behalf of District of Origin No. District to Service on behalf of District of Origin No. District to Service on behalf of District of Origin No. District	f the Preliminary Order of: (X)Plaintiff () Defendant ca, AUSA PARTMENT OF HO ve Signatura of Authorized Dept. or Agend Officer	Telephone No. 518-431-0247 MELAND SECURITY A	Date Date AGENCY
Please serve the following: A certified copy of and Forfeiture Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezz Thomas A. Capezz SPACE BELOW FOR USE OF DE acknowledge receipt for the total number of process indicated. District of Origin No HEREBY CERTIFY AND RETURN THAT ICO PERSONALLY SERVE	of: (X)Plaintiff () Defendant (a, AUSA PARTMENT OF HO Signatura of Authorized Dept. of Agend William D. () HAVE LEGAL EUDENCE OF	Telephone No. 518-431-0247 MELAND SECURITY A	Date Date AGENCY Date 2.16.200
Please serve the following: A certified copy of and Forfeiture Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezz Thomas A. Capezz SPACE BELOW FOR USE OF DE Cacknowledge receipt for the total number of process indicated. District of Origin No District to Service on behalf of the total number of process indicated. HEREBY CERTIFY AND RETURN THAT I () PERSONALLY SERVE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORI	of: (X)Plaintiff () Defendant (a, AUSA PARTMENT OF HO Ve Signatura of Authorized Dept. or Agency Officer Agency Officer (D. () HAVE LEGAL EVIDENCE OF PORATION, ETC., AT THE ADDRES CATE THE INDIVIDUAL, COMPAN	Telephone No. 518-431-0247 MELAND SECURITY A F SERVICE. () HAVE EXECUTED AS S SHOWN ABOVE OR ON THE ADDRI	Date J/4/06 AGENCY Date 2./6.200 SHOWN IN 'REMARKS', SSINSERTED BELOW DATE SHOWN IN 'REMARKS', SSINSERTED BELOW DATE SHOWN IN 'REMARKS', SSINSERTED BELOW DATE DATE
Please serve the following: A certified copy of and Forfeiture Signature of Attorney or other Originator requesting service on behalf of Thomas A. Capezz Thomas A. Capezz SPACE BELOW FOR USE OF DE Cacknowledge receipt for the total number of process indicated. District of Origin No District to Service on behalf of the total number of process indicated. HEREBY CERTIFY AND RETURN THAT I () PERSONALLY SERVE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORI	of: (X)Plaintiff () Defendant (a, AUSA PARTMENT OF HO Ve Signatura of Authorized Dept. or Agency Officer Agency Officer (D. () HAVE LEGAL EVIDENCE OF PORATION, ETC., AT THE ADDRES CATE THE INDIVIDUAL, COMPAN	Telephone No. 518-431-0247 MELAND SECURITY A THORNHAM CONTROL TO THE ADDRESS SHOWN ABOVE OR ON	Date J/4/06 AGENCY Date 2./6.2000 SHOWN IN 'REMARKS', SSINSERTED BELOW DATE D

Service was not completed. Service was returned by the Postal Service marked "Not Deliverable As Addressed - Unable To Forward." See attached copy of envelope face.



Border Protection U.S. Customs and

127 NORTH WATER STREET OGDENSBURG, NY 13669 OFFICIAL BUSINESS PENALTY FOR PRIVATE USE \$300



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Postmark Here Moany, NY 12205 1881 Central Ave. Street, Apr No. 1881 Central Sve. Bik Yuk Wong,** Albany, NY City, State, ZIP+4 Total Postage & Fees S Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) **9666 2004** 5000 OP85

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